

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

08/974,86

FILING DATE

11/19/97

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 1 | | 1 | | | |
| TOTAL DEP. | 4 | | 4 | | | |
| TOTAL CLAIMS | 5 | | 5 | | | |

| | IND. | | DEP. | | IND. | | DEP. | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | 1 | | 1 | | | | |
| 52 | | 1 | | 2 | | | | |
| 53 | | 1 | | 2 | | | | |
| 54 | | 1 | | 2 | | | | |
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| 56 | | | | 2 | | | | |
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| 59 | | | | ① | | | | |
| 60 | | | 1 | 1 | | | | |
| 61 | | | | 2 | | | | |
| 62 | | | | 2 | | | | |
| 63 | | | | 2 | | | | |
| 64 | | | | 2 | | | | |
| 65 | | | | 2 | | | | |
| 66 | | | | ① | | | | |
| 67 | | | | 2 | | | | |
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| TOTAL IND. | | | | 2 | | | | |
| TOTAL DEP. | | | | 30 | | | | |
| TOTAL CLAIMS | | | | 32 | | | | |